

I. GENERAL INFORMATION

A. FACILITY INFORMATION

1. Facility Name

Facility Mailing Address

P.O. Box, Street Address or Route

City or Village, State and Zip Code

2. Facility Location Address If appropriate, enter "same as facility mailing address".

Street Address, Route, Legal description
or other location description:

City

State

Zip Code

County

3. Responsible Party (person, parent company or organization with direct control over the facility - see instructions for complete definition). If appropriate, enter "same as facility name" or "same as owner". **(This question is for industrial permittees only. Municipal permittees, continue to question 4.)**

Entity Name _____

Contact Person _____

Telephone Number _____

4. Other environmental permits or approvals

Has the facility received or applied for coverage under any general WPDES permit or any other environmental permits, such as for management of hazardous wastes, emission of air pollutants or underground injection?

☐ No

☐ Yes If yes, give the permit number(s) and briefly describe the discharge(s)

Permit Number

Description of Discharge

5. Native American Lands

a. ☐ Yes ☐ No Is any portion of the facility located on Native American lands?

b. ☐ Yes ☐ No Does the receiving stream flow through Native American lands after it receives discharge from the treatment facility?

c. ☐ Yes ☐ No Are biosolids stored on, disposed of, or land applied on Native American lands?

If yes, to any of the above, please identify those portions of the facility or wastewaters located on Native American lands.

6. Site Map

Attach to this application a detailed site map, such as a USGS topographic map, showing the area extending to at least one (1) mile beyond property boundaries. This map must show the outline of the facility, the locations of incoming wastewater, including hauled waste receiving stations, the locations of all surface water discharge points (e.g., to rivers, lakes, streams etc) and all land treatment sites (e.g., seepage cells). For surface water discharges, estimate the approximate distance from the plant to the receiving waters. For groundwater discharges, include all groundwater monitoring wells, nearby residences and all potable wells within 1,000 feet of all land treatment sites. Number all discharge points and sampling points on the map. Include the map scale and a meridian arrow showing north.

B. CONTACT INFORMATION

1. Please list all facility contacts

SLUDGE CONTACT	Name Address EEmail	Title Phone FAX () - - - - -
AUTHORIZED REPRESENTATIVE	Name Address EEmail	Title Phone () - - - - - FAX () - - - - -
DISCHARGE MONITORING CONTACT	Name Address EEmail	Title Phone FAX (
DISCHARGE MONITORING CONTACT	Name Address EEmail	Title . Phone FAX () - - - - -
STORMWATER CONTACT ON SITE	Name Address EEmail	Title Phone FAX () - - - - -
OWNER OF FACILITY	Name Address EEmail	Title Phone () - - - - - FAX () - - - - -
FACILITY OPERATOR/PLANT MANAGER	Name Address EEmail	Title Phone () - - - - - FAX () - - - - -

INSTRUCTIONS

Section A. Facility Information

Item 1. Facility Name and Mailing Address - Enter the facility's official or legal name to be shown on the permit. Do not use a colloquial name. Enter the facility's complete mailing address. Provide both a PO Box number and a street address if both are available.

Item 2. Facility Location Address - If different from the mailing address, enter the facility's location address. Do not use a PO Box number. If the facility lacks a street address and route number, provide alternative geographic information such as a highway or road with the distance and direction from the nearest city, or a quarter-quarter section, town and range description.

Item 3. Responsible Party - If different from the Facility Name above or Owner in Section B., provide the official name of the responsible party and contact person and phone number. The *Responsible Party* is the person, firm, parent company, public organization, or any other entity that operates the facility. The responsible party is the legal entity that controls the facility's operation rather than the plant or site manager, or operator-in-charge. If appropriate, enter "same as facility name" or "same as owner".

NOTE: Municipal entities are not required to complete this item.

Item 4. Other Environmental Permits or Approvals - If the facility's discharge of storm water, cooling water or any process wastewater is currently covered by a WPDES general permit, such as WPDES Permit No. WI-0044938-4, "Noncontact Cooling Water or Condensate and Boiler Water," provide the permit number and a brief description of the discharge covered by the general permit. If you have received or applied for coverage under any other federal, state or local environmental permit, provide identifying information and describe the activity covered by the permit.

Item 5. Native American Lands - Indicate whether or not any part of the facility, including the wastewater treatment system if present, is located on Native American land. Indicate if sludge or biosolids generated by the facility are stored on, disposed on or land applied on Native American lands. If you answer yes to either question, give details.

Item 6. Site Map - In addition to a USGS topographic map, you may use a plat map or aerial photo. You may trace your map from a geological survey chart or other map that meets the application's specifications. If you do, identify the map or chart from which you traced your map and include on your map the names of nearby towns, water bodies and other prominent points.

Section B. Contact Information

Item 1. Facility Contacts - Supply the name(s) and address(es) for one or more persons associated with the entity. If the information is pre-printed on the form, check for accuracy and make changes. If contact information for more than one contact type is the same, you may so indicate by use of arrows and the words "same as".

Many of the contact types should be self-explanatory. However:

The *Authorized Representative* is someone who is authorized to sign all applications, reports or other information submitted to the Department. This person may be; for a corporation, a responsible corporate officer including a president, secretary, treasurer, vice president or manager; and for a municipality, a ranking elected official; for a corporation or a municipality, another person authorized by one of those officers or officials and who has responsibility for the overall operation of the facility or activity regulated by the permit. This is the person to whom we will send information regarding the application, the draft permit and permit reissuance.

The *Discharge Monitoring Contact* is the person to whom blank Discharge Monitoring Reports (DMRs), which are used by the permittee to submit permit required effluent monitoring data, and Turn-around Documents (TADs), which are used by the permittee to submit permit required groundwater monitoring data, will be sent.